

## Division of Health Licensing

County: Florence

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
GENESIS I ADULT DAYCARE INC 411 S BLANDING ST LAKE CITY, SC 29560 JAMES, EARLINE D PH#: 843-374-8088 Fac. Cont. Email: MELIK@FTC-I.NET	ADC-0257 / 08/31/2009 Florence / Corporation PO BOX 517 LAKE CITY, SC 29560 GENESIS I ADULT DAY CARE INC	50
Number of Participants		50
LAKE CITY ADULT DAY CARE 122 S ACLINE ST LAKE CITY, SC 29560-2633 GASKINS, DEVONNE T PH#: 843-394-8242 Fac. Cont. Email: LCADC122@FTC-I.NET	ADC-0197 / 03/31/2010 Florence / Corporation 122 S ACLINE ST LAKE CITY, SC 29560 LAKE CITY ADULT DAY CARE INC	30
Number of Participants		30
MELVA'S ADULT AND CHILDREN'S DAY CARE 817 W MAIN ST LAKE CITY, SC 29560 MYERS, MELVA A PH#: 843-374-2198 Fac. Cont. Email: No Fac Cont. email on record	ADC-0152 / 11/30/2009 Florence / Corporation 817 W MAIN ST LAKE CITY, SC 29560 MELVA'S DAYCARE INC	10
Number of Participants		10
NEW GENERATIONS ADULT DAY CENTER 2111 W JODY RD FLORENCE, SC 29501 BELISSARY, GAIL B PH#: 843-629-0103 Fac. Cont. Email: GAIL@NEWGENERATIONSHC.COM	ADC-0274 / 07/31/2009 Florence / Corporation PO BOX 4929 FLORENCE, SC 29502-4929 NEW GENERATIONS ADULT DAY CENTER OF FLORENCE INC	70
Number of Participants		70
PEE DEE ACTIVE DAY CENTER 2120 ENTERPRISE DR FLORENCE, SC 29501 ROTHWELL, CORBETT PH#: 843-665-1919 Fac. Cont. Email: CROTHWELL@ACTIVEDAY.COM	ADC-0235 / 03/31/2010 Florence / Corporation 2120 ENTERPRISE DR FLORENCE, SC 29501 ACTIVE SC ONE INC	40
Number of Participants		40
SAVANNAH SENIORS 2620 ALLIGATOR RD EFFINGHAM, SC 29541 CANTY, RALPH W PH#: 843-662-7851 Fac. Cont. Email: SAVANNAHGROVEBAPTIST@SC.RR.COM	ADC-0219 / 04/30/2009 Florence / Corporation 2620 ALLIGATOR RD EFFINGHAM, SC 29541 SAVANNAH SENIORS INC	12
Number of Participants		12

Totals For Facility/License Type Adult Day Care

Number of Activities/Facilities licensed: 
Number Licensed Units

County: Florence

Facility Type: Ambulatory Surgery

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
FLORENCE SURGERY AND LASER CENTER LLC 400 N CASHUA DR FLORENCE, SC 29501-2098 SELTZER, SAMUEL E PH#: 843-664-9398 Fac. Cont. Email: ESTEPHENS@CCFS2020.COM	ASF-0070 / 03/31/2010 Florence / Ltd. Liability 400 N CASHUA DR FLORENCE, SC 29501 FLORENCE SURGERY AND LASER CENTER LLC	2
Operating Rooms	2 Procedure Rooms	0 Endoscopy Rooms
MCLEOD AMBULATORY SURGERY CENTER 604 E CHEVES ST FLORENCE, SC 29506-2627 SEGARS, MARIE G PH#: 843-669-3822 Fac. Cont. Email: BALLEN@MCLEODHEALTH.ORG	ASF-0080 / 09/30/2009 Florence / Corporation 604 E CHEVES ST FLORENCE, SC 29506-2627 MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC	2
Operating Rooms	2 Procedure Rooms	0 Endoscopy Rooms
PHYSICIANS SURGERY CENTER OF FLORENCE 1580 FREEDOM BLVD STE 300 FLORENCE, SC 29505-0000 O'LOUGHLIN, JAMES F PH#: 843-674-5000 Fac. Cont. Email: No Fac Cont. email on record	ASF-0107 / 08/31/2009 Florence / Limited Liability FLORENCE HOME CARE SERVICES LLC	8
Operating Rooms	4 Procedure Rooms	2 Endoscopy Rooms

## Totals For Facility/License Type Ambulatory Surgery

Number of Activities/Facilities licensed: 
Number Licensed Units

County: Florence

## Facility Type: Body Piercing

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
HEAT STREET 2421-C 2ND LOOP RD FLORENCE, SC 29501 MITCHELL, LLOYD PH#: 843-661-0602 <b>Fac. Cont. Email:</b> LLOYD@HEATSTREET.COM	BP-0020 / 06/30/2009 Florence / Ltd. Liability 2421-C 2ND LOOP RD FLORENCE, SC 29501 HEAT STREET LLC	1
VANESSA'S BODY PIERCING 2022 S IRBY ST FLORENCE, SC 29505 OLIVER, JOSEPH A PH#: 843-292-0969 <b>Fac. Cont. Email:</b> VANESSASTANNING@YAHOO.COM	BP-0195 / 04/30/2009 Florence / Sole Proprietorship 2022 S IRBY ST FLORENCE, SC 29505 VANESSA C OLIVER	1

## Totals For Facility/License Type Body Piercing

Number of Activities/Facilities licensed:	2	Number Licensed Units	2
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## Division of Health Licensing

County: Florence

## Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>ACLIN PLACE</b> 200 S ACLIN ST LAKE CITY, SC 29560 WILCOX, KATHRYN D PH#: 843-394-5677 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-1257 / 01/31/2010 Florence / State 1211 E NATIONAL CEMETERY RD FLORENCE, SC 29506 FLORENCE COUNTY DISABILITIES AND SPECIAL NEEDS BOARD	8
<b>Certifications:</b> None		
<b>BEARD RESIDENTIAL CARE FACILITY #1</b> 123 N WARREN ST TIMMONSVILLE, SC 29161 BEARD, CATHERINE H PH#: 843-346-5272 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-0140 / 04/30/2010 Florence / Sole Proprietorship 123 N WARREN ST TIMMONSVILLE, SC 29161 CATHERINE H BEARD	10
<b>Certifications:</b> None		
<b>BEARD RESIDENTIAL CARE FACILITY #2</b> 301 N ORANGE ST TIMMONSVILLE, SC 29161 BEARD, CATHERINE H PH#: 843-346-5272 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-0082 / 04/30/2010 Florence / Sole Proprietorship 123 N WARREN ST TIMMONSVILLE, SC 29161 CATHERINE H BEARD	8
<b>Certifications:</b> None		
<b>BEARD'S RESIDENTIAL CARE FACILITY #3</b> 201 N BROCKINGTON ST TIMMONSVILLE, SC 29161 BEARD, JAMES PH#: 843-346-5272 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-0331 / 12/31/2009 Florence / Sole Proprietorship 201 N BROCKINGTON ST TIMMONSVILLE, SC 29161 CATHERINE H BEARD	8
<b>Certifications:</b> None		
<b>BURGESS RESIDENTIAL CARE FACILITY</b> 2591 S BREHENAN DR FLORENCE, SC 29505 MALDROW, PATRICIA PH#: <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-0925 / 04/30/2009 Florence / Sole Proprietorship PO BOX 6023 FLORENCE, SC 29502 SANDY BURGESS	9
<b>Certifications:</b> None		
<b>CAROLINA PLACE</b> 240 CHARLES ST LAKE CITY, SC 29504 UWAGBAI, LINDA G PH#: 843-394-5707 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-1258 / 01/31/2010 Florence / State 1211 E NATIONAL CEMETERY RD FLORENCE, SC 29506 FLORENCE COUNTY DISABILITIES AND SPECIAL NEEDS BOARD	8
<b>Certifications:</b> None		

## Division of Health Licensing

## County: Florence

## Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>CERTIFICATIONS: Alzheimer Care</b>		
<b>CAROLINIAN</b> 718 S DARGAN ST FLORENCE, SC 29506-2561 ALMERS, KATHY M PH#: 843-665-9314 <b>Fac. Cont. Email:</b> THECAROLINIAN@RHF.ORG	CRC-0468 / 04/30/2010 Florence / Corporation 718 S DARGAN ST FLORENCE, SC 29506 FLORENCE RHF HOUSING INC	38
<b>CERTIFICATIONS: Alzheimer Care</b>		
<b>CARRIAGE HOUSE OF FLORENCE INC</b> 739 PARKER ST FLORENCE, SC 29501 COLLINS, VIRGINIA L PH#: 843-661-6655 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-0996 / 03/31/2010 Florence / Corporation 739 PARKER ST FLORENCE, SC 29501 CARRIAGE HOUSE OF FLORENCE INC	80
<b>CERTIFICATIONS: None</b>		
<b>ELMCROFT OF FLORENCE</b> 3006 HOFFMEYER RD FLORENCE, SC 29501 ADEIMY, GINGER S PH#: 843-292-0012 <b>Fac. Cont. Email:</b> GADEIMY@SENIORCARE-CORP.COM	CRC-1422 / 10/31/2009 Florence / Ltd. Liability 9510 ORMSBY STATION RD #101 LOUISVILLE, KY 40223 EC FLORENCE OPERATIONS LLC	82
<b>CERTIFICATIONS: Alzheimer Unit, Alzheimers Care</b>		
<b>EVELYN'S RESIDENTIAL CARE FACILITY</b> 162 S MCQUEEN ST FLORENCE, SC 29501 CUSAAC, EVELYN R PH#: 843-665-5751 <b>Fac. Cont. Email:</b> EVELYNCUSAAC@YAHOO.COM	CRC-1164 / 05/31/2009 Florence / Sole Proprietorship PO BOX 5846 FLORENCE, SC 29502 EVELYN R CUSAAC	9
<b>CERTIFICATIONS: None</b>		
<b>GENE'S RESIDENTIAL CARE #1</b> 607 W SUMTER ST FLORENCE, SC 29501-2458 SINGLETTARY, MARY JANE PH#: 843-389-9022 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-0431 / 05/31/2009 Florence / Sole Proprietorship PO BOX 15101 FLORENCE, SC 29506-0101 GENE E JONES	6
<b>CERTIFICATIONS: None</b>		
<b>GENE'S RESIDENTIAL CARE FACILITY #3</b> 1312 W EVANS ST FLORENCE, SC 29506 SINGLETTARY, MARY JANE PH#: 843-389-9022 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-0482 / 02/28/2009 (Renewal Pending) Florence / Sole Proprietorship PO BOX 15101 FLORENCE, SC 29506 GENE E JONES	9
<b>CERTIFICATIONS: None</b>		

## Division of Health Licensing

County: Florence

## Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>HANNAH RESIDENTIAL MANOR</b> 3750 SHEMINALLY RD PAMPLICO, SC 29583 HART, PATRICIA W PH#: 843-493-2398 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-0712 / 05/31/2009 Florence / Corporation 3750 SHEMINALLY RD PAMPLICO, SC 29583 HART RETIREMENT MINISTERIES INC	48
<b>Certifications:Alzheimer Care</b>		
<b>LAUREL GARDENS SENIOR LIVING COMMUNITY</b> 1938 MOUNTAIN LAUREL CT FLORENCE, SC 29505 ATKINSON, KATHRYN J PH#: 843-665-7978 <b>Fac. Cont. Email:</b> ADMIN@LAURELGARDENSALF.COM	CRC-1387 / 04/30/2010 Florence / Ltd. Liability PO BOX 3006 SALEM, OR 97302 FLORENCE SENIOR LIVING LLC	90
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		
<b>LLOYD AND SONS RESIDENTIAL CARE HOME</b> 751 W EVANS ST FLORENCE, SC 29501 SMITH, BERNICE S PH#: 843-661-6966 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-0835 / 09/30/2009 Florence / Sole Proprietorship PO BOX 15306 QUINBY, SC 29506 LLOYD L SMITH JR	10
<b>Certifications:None</b>		
<b>OAKLAND RESIDENTIAL CARE HOME</b> 415 OAKLAND AVE FLORENCE, SC 29506-6409 SMITH, BERNICE S PH#: 843-679-0676 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-0842 / 10/31/2009 Florence / Sole Proprietorship PO BOX 15306 QUINBY, SC 29506 LLOYD L SMITH JR	10
<b>Certifications:None</b>		
<b>PADD-WREN HOME</b> 2350 REGIONAL RD FLORENCE, SC 29502 BRAGDON, DANNYE O PH#: <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-1451 / 07/31/2009 Florence / Non-Profit Corporation 2350 REGIONAL RD FLORENCE, SC 29502 PRESBYTERIAN AGENCY FOR THE DEVELOPMENTALLY DISABLED INC	6
<b>Certifications:None</b>		
<b>PEE DEE GARDENS</b> 3117 W PALMETTO ST FLORENCE, SC 29505-0000 BERG, SHANNON J PH#: 843-667-6699 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-1391 / 05/31/2009 Florence / Ltd. Liability 3117 W PALMETTO ST FLORENCE, SC 29501 FLORENCE LANDING LLC	68
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		

## County: Florence

## Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>Certifications:None</b>		
PRESBYTERIAN HOME OF SOUTH CAROLINA-FLORENCE 2350 W LUCAS ST FLORENCE, SC 29501-1201 HICKMAN III, WALTER E PH#: 843-665-2222 <b>Fac. Cont. Email:</b> WHICKMAN@PRESHOMESC.ORG	CRC-0242 / 09/30/2009 Florence / Non-Profit Corporation 2350 W LUCAS ST FLORENCE, SC 29501 PRESBYTERIAN HOME OF SOUTH CAROLINA INC	34
<b>Certifications:None</b>		
SUNCREST RESIDENTIAL CARE HOME 2385 PAMPLICO HWY FLORENCE, SC 29501 ROBERTS, ED E PH#: 843-662-0981 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-1479 / 07/31/2009 Florence / Sole Proprietorship PO BOX 465 FLORENCE, SC 29501 ROBERTS, ED	47
<b>Certifications:None</b>		
VICTORIAN HOME 313 WARLEY ST FLORENCE, SC 29501 HOWARD, MARGARET P PH#: 843-664-3090 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-1487 / 03/31/2010 Florence / Sole Proprietorship  ADA O NWANKUDU	5
<b>Certifications:None</b>		
WESLEYAN SUITES 2100 TWIN CHURCH RD FLORENCE, SC 29501 JACKSON, WILLIAM F PH#: 843-664-0700 <b>Fac. Cont. Email:</b> FJACKSON@METHODIST-MANOR.COM	CRC-0662 / 12/31/2009 Florence / Non-Profit Corporation 2100 TWIN CHURCH RD FLORENCE, SC 29501 WESLEYAN SUITES	95
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		
WOODARD'S COMMUNITY CARE HOME I 615 W EVANS ST FLORENCE, SC 29501 EADDY, MARCOLA C PH#: 843-665-4940 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-0301 / 08/31/2009 Florence / Sole Proprietorship PO BOX 255 FLORENCE, SC 29503 MARCOLA EADDY	9
<b>Certifications:None</b>		

## Totals For Facility/License Type Community Residential Care Facility

Number of Activities/Facilities licensed: 23      Number Licensed Units 697

## Division of Health Licensing

County: Florence

## Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>CEDARS</b> 203 HYMAN RD PAMPLICO, SC 29583 UWAGBAI, LINDA G PH#: 843-493-0050 <b>Fac. Cont. Email:</b> KGRAHAM@FCDSN.ORG	MR15-0127 / 08/31/2009 Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
<b>FLORENCE COMMUNITY RESIDENCE</b> 511 CLYDE ST FLORENCE, SC 29506-3011 GADSON, ROSMARIAN M PH#: 843-665-6600 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	MR15-0025 / 03/31/2010 Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
<b>JOHNSONVILLE HAMPTON PLACE COMMUNITY RESIDENCE</b> 333 S HAMPTON AVE JOHNSONVILLE, SC 29555 WILCOX, KATHRYN PH#: 843-386-4008 <b>Fac. Cont. Email:</b> KGRAHAM@FCDSN.ORG	MR15-0161 / 11/30/2009 Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
<b>MAGNOLIA PLACE</b> 517 E MAIN ST OLANTA, SC 29114 BOBO, MELVIN PH#: 843-396-4551 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	MR15-0126 / 07/31/2009 Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
<b>OAKS</b> 108 N PINCKNEY ST TIMMONSVILLE, SC 29161 GRAHAM, KERTRINA A PH#: 843-346-5160 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	MR15-0128 / 09/30/2009 Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

## Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	5	Number Licensed Units	40
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County: Florence

## Facility Type: Habilitation R16

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
MULBERRY PARK UNITS 301-306 714 NATIONAL CEMETERY RD FLORENCE, SC 29501 OWENS, LEON PH#: 843-664-2600 <b>Fac. Cont. Email:</b> LOWENS@DDSN.SC.GOV	MR16-0141 / 11/30/2009 Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	85
PECAN LANE BUILDINGS 201-205 714 NATIONAL CEMETERY RD FLORENCE, SC 29501 OWENS JR, LEON PH#: 843-664-2600 <b>Fac. Cont. Email:</b> LOWENS@DDSN.SC.GOV	MR16-0119 / 08/31/2009 Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	120

## Totals For Facility/License Type Habilitation R16

Number of Activities/Facilities licensed:	2	Number Licensed Units	205
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## Division of Health Licensing

County: Florence

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
CAROLINAS HOME HEALTH 121 E CEDAR ST FLORENCE, SC 29501-0000 POSTON, JOE PH#: 843-629-6800	HHA-0109 / 12/31/2009 Florence / Limited Liability	4
<b>Fac. Cont. Email:</b> No Fac Cont. email on record FLORENCE HOME CARE SERVICES LLC Counties Served Darlington, Dillon, Florence, Marlboro License Restrictions Physical Therapy Y Speech Therapy:Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:		
DHEC REGION 4 HOME HEALTH SERVICES-EAST 1705 W EVANS ST FLORENCE, SC 29501-0000 VANN, LINDA G PH#: 843-661-4762	HHA-0009 / 09/30/2009 Florence / State 1705 W EVANS ST FLORENCE, SC 29501-0000	6
<b>Fac. Cont. Email:</b> VANNLG@DHEC.SC.GOV SC DEPT OF HEALTH & ENVIRONMENTAL CONTROL Counties Served Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro License Restrictions Physical Therapy N Speech Therapy:Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other: DIETICIAN/NUTRITIONIST		
DHEC REGION 4 HOME HEALTH SERVICES-WEST 1705 W EVANS ST FLORENCE, SC 29501-0000 VANN, LINDA G PH#: 843-661-4762	HHA-0014 / 01/31/2010 Florence / State 1705 W EVANS ST FLORENCE, SC 29501-0000	4
<b>Fac. Cont. Email:</b> VANNLG@DHEC.SC.GOV SC DEPT OF HEALTH & ENVIRONMENTAL CONTROL Counties Served Clarendon, Kershaw, Lee, Sumter License Restrictions Physical Therapy Y Speech Therapy:Y Occupational Therapy N Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:		
FLORENCE VISITING NURSES SERVICE INC 1605-C W PALMETTO ST FLORENCE, SC 29501-4598 STEPHENSON, LINDA K PH#: 843-667-1515	HHA-0064 / 01/31/2010 Florence / Corporation PO BOX 4598 FLORENCE, SC 29502	4
<b>Fac. Cont. Email:</b> No Fac Cont. email on record FLORENCE VISITING NURSES SERVICES INC Counties Served Dillon, Florence, Lee, Marion License Restrictions Physical Therapy Y Speech Therapy:N Occupational Therapy N Med. Social Services N Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:		

County: Florence

Facility Type: Home Health

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Addres	
Administrator/Phone	Licensee	
MCLEOD HOME HEALTH	HHA-0085 / 05/31/2009	5
300 S DARGAN ST	Florence / Corporation	
FLORENCE, SC 29506-2537	300 S DARGAN ST	
STEPHENSON, SANDRA PH#: 843-669-3050	FLORENCE, SC 29506	
Fac. Cont. Email: No Fac Cont. email on record	MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC	
Counties Served Darlington, Dillon, Florence, Lee, Marion		
License Restrictions		
Physical Therapy Y Speech Therapy: Y Occupational Therapy Y Med. Social Services Y		
Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N		
Other:		

Totals For Facility/License Type Home Health

Number of Activities/Facilities licensed: 5 Number Licensed Units 23

County: Florence

## Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
MCLEOD HOSPICE HOUSE 1203 E CHEVES ST FLORENCE, SC 29506 HARRISON-PAVY, JOAN PH#: 843-777-2564 Fac. Cont. Email: JPAVY@MCLEODHEALTH.ORG	HPF-0003 / 09/30/2009 Florence / Corporation PO BOX 100551 FLORENCE, SC 29501-0551 MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC	12

## Totals For Facility/License Type Hospice Facility

Number of Activities/Facilities licensed:	1	Number Licensed Units	12
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## Division of Health Licensing

County: Florence

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>CAROLINAS HOSPICE</b> 121 E CEDAR ST 4TH FLOOR FLORENCE, SC 29501 POSTON, JOE PH#: 843-629-6800 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	HPC-0040 / 12/31/2009 Florence / Limited Liability FLORENCE HOME CARE SERVICES LLC	10
<b>Counties Served</b> Chesterfield, Darlington, Dillon, Florence, Georgetown, Lee, Marion, Marlboro, Sumter, Williamsburg		
<b>MCLEOD HOSPICE OF THE PEE DEE MCLEOD REGIONAL MEDICAL CENTER</b> 1203 E CHEVES ST FLORENCE, SC 29506 HARRISON-PAVY, JOAN PH#: 843-777-2564 <b>Fac. Cont. Email:</b> JPAVY@MCLEODHEALTH.ORG	HPC-0014 / 09/30/2009 Florence / Corporation PO BOX 100551 FLORENCE, SC 29501-0551 MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC	5
<b>Counties Served</b> Darlington, Dillon, Florence, Lee, Marion		
<b>SOUTHERNCARE - FLORENCE</b> 217 DOZIER BLVD STE 201 FLORENCE, SC 29501 GRIER, VICKIE D PH#: 803-751-7567 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	HPC-0078 / 03/31/2010 Florence / Corporation 217DOZIER BLVD STE 201 FLORENCE, SC 29501 SOUTHERNCARE INC	13
<b>Counties Served</b> Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Kershaw, Lee, Marion, Marlboro, Sumter, Williamsburg		
<b>UNITED HOSPICE OF THE PEE DEE</b> 609 S COIT ST FLORENCE, SC 29501 SULLIVAN, AMANDA PH#: 843-662-8633 <b>Fac. Cont. Email:</b> ASULLIVAN@UHS-PRUITT.COM	HPC-0092 / 01/31/2010 Florence / Corporation 609 S COIT ST FLORENCE, SC 29501 UNITED HOSPICE INC	13
<b>Counties Served</b> Chesterfield, Clarendon, Darlington, Dillon, Fairfield, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg		
<b>WINYAH COMMUNITY HOSPICE CARE</b> 217 DOZIER BLVD STE 200 FLORENCE, SC 29501 URQHART, RODDY PH#: 803-676-0766 <b>Fac. Cont. Email:</b> RURQUHART@WINYAHCARE.NET	HPC-0091 / 10/31/2009 Florence / Corporation 217 DOZIER BLVD STE 200 FLORENCE, SC 29501 WINYAH COMMUNITY HEALTH SERVICES INC	46
<b>Counties Served</b> Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York		

## Totals For Facility/License Type Hospice Program

Number of Activities/Facilities licensed: 
Number Licensed Units

## Division of Health Licensing

County: Florence

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>CAROLINAS HOSPITAL SYSTEM</b>		
805 PAMPLICO HWY	HTL-0761 / 11/30/2009	310
FLORENCE, SC 29505	Florence / Corporation	
O'LOUGHLIN, JAMES F PH#: 843-674-5000	PO BOX 100550	
Fac. Cont. Email:JOLOUGHLIN@CAROLINASHOSPITAL.COM	FLORENCE, SC 29501-0550	
	QHG OF SOUTH CAROLINA INC	
Licensed Beds: General: 310 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		
<b>Certifications:Trauma Center Level III, JCAHO Accredited</b>		
<b>CAROLINAS HOSPITAL SYSTEM CEDAR TOWER</b>		
121 E CEDAR ST	HTL-0782 / 11/30/2009	66
FLORENCE, SC 29501-0000	Florence / Corporation	
O'LOUGHLIN, JAMES F PH#: 843-674-5000	PO BOX 100550	
Fac. Cont. Email:JOLOUGHLIN@CAROLINASHOSPITAL.COM	FLORENCE, SC 29501-0550	
	QHG OF SOUTH CAROLINA INC	
Licensed Beds: General: 0 Psychiatric: 12 Rehab: 42 Substance Abuse 12		
Other Beds NICU: 0 Neonatal Special Care 0		
<b>Certifications:JCAHO Accredited</b>		
<b>HEALTHSOUTH REHABILITATION HOSPITAL OF FLORENCE</b>		
900 E CHEVES ST	HTL-0587 / 06/30/2009	88
FLORENCE, SC 29506	Florence / Corporation	
BOWMAN, PETE PH#:	900 E CHEVES ST	
Fac. Cont. Email:No Fac Cont. email on record	FLORENCE, SC 29506	
	HEALTHSOUTH REHABILITATION CENTER INC	
Licensed Beds: General: 0 Psychiatric: 0 Rehab: 88 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		
<b>Certifications:JCAHO Accredited</b>		
<b>LAKE CITY COMMUNITY HOSPITAL</b>		
258 N RON MCNAIR BLVD	HTL-0897 / 05/31/2009	48
LAKE CITY, SC 29560-2462	Florence / District	
CAMPBELL JR, WILLIAM P PH#: 843-374-6120	PO BOX 1479	
Fac. Cont. Email:No Fac Cont. email on record	LAKE CITY, SC 29560	
	LOWER FLORENCE COUNTY HOSPITAL DISTRICT	
Licensed Beds: General: 48 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		
<b>Certifications:Swing Bed Unit(s), JCAHO Accredited</b>		

## Division of Health Licensing

County: Florence

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC 555 E CHEVES ST FLORENCE 29506 SEGARS, MARIE G PH#: 843-777-2849 Fac. Cont. Email: MSEGARS@MCLEODHEALTH.ORG	HTL-0384 / 05/31/2009 Florence / Corporation PO BOX 100551 FLORENCE, SC 29501-0551 MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC	453
Licensed Beds: General: 453 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 12 Neonatal Special Care 28		
Certifications: Abortions, Trauma Center Level III, Perinatal Level III Regional, JCAHO Accredited		
REGENCY HOSPITAL OF SOUTH CAROLINA L L C 121 E CEDAR ST 4TH FLOOR FLORENCE, SC 29506 FILPI, JEANETTE PH#: 843-679-9000 Fac. Cont. Email: No Fac Cont. email on record	HTL-0824 / 09/30/2009 Florence / Ltd. Liability 121 E CEDAR ST 4TH FLOOR FLORENCE, SC 29506 REGENCY HOSPITAL OF SOUTH CAROLINA L L C	40
Licensed Beds: General: 40 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		
Certifications: JCAHO Accredited		
WOMEN'S CENTER OF CAROLINAS HOSPITAL SYSTEM 1590 FREEDOM BLVD FLORENCE, SC 29505 O'LOUGHLIN, JAMES F PH#: 843-674-5000 Fac. Cont. Email: No Fac Cont. email on record	HTL-0674 / 12/31/2009 Florence / Corporation PO BOX 100550 FLORENCE, SC 29501-0550 QHG OF SOUTH CAROLINA INC	20
Licensed Beds: General: 20 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 11		
Certifications: Perinatal Level II, JCAHO Accredited		

## Totals For Facility/License Type Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed:  Number Licensed Units

## Division of Health Licensing

County: Florence

## Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>CAROLINAS HOSPITAL SYSTEM TRANSITIONAL CARE UNIT</b> 121 E CEDAR ST FLORENCE, SC 29506 SYLVESTER, JANET PH#: 843-674-5000 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	NCF-0673 / 10/31/2009 Florence / Corporation PO BOX 100550 FLORENCE, SC 29501-0550 QHG OF SOUTH CAROLINA INC	24
<b>Licensed Beds</b> Nursing Home 24 <b>Institutional Nursing Home</b> 0		
<b>Certifications:</b> None		
<b>COMMANDER NURSING CENTER</b> 4438 PAMPLICO HWY FLORENCE, SC 29505 COMMANDER III, JOE M PH#: 843-669-3502 <b>Fac. Cont. Email:</b> CMDNURSING@AOL.COM	NCF-0233 / 07/31/2009 Florence / Corporation 4438 PAMPLICO HWY FLORENCE, SC 29505 COMMANDER HEALTH CARE FACILITIES INC	163
<b>Licensed Beds</b> Nursing Home 163 <b>Institutional Nursing Home</b> 0		
<b>Certifications:</b> Alzheimer Care		
<b>COOKE ASSOCIATES OF FLORENCE INC</b> 133 W CLARKE RD FLORENCE, SC 29501-0722 HAMMOND, NANCY R PH#: 843-669-4374 <b>Fac. Cont. Email:</b> RHAMMOND@COOKE-ASSOCIATES.COM	NCF-0935 / 12/31/2009 Florence / Corporation 133 W CLARKE RD FLORENCE, SC 29501 COOKE ASSOCIATES OF FLORENCE INC	88
<b>Licensed Beds</b> Nursing Home 88 <b>Institutional Nursing Home</b> 0		
<b>Certifications:</b> None		
<b>DR RONALD E MCNAIR NURSING AND REHABILITATION CENTER</b> 56 GENESIS DR LAKE CITY, SC 29560-0000 FRIERSON, SARAH L PH#: 843-389-3685 <b>Fac. Cont. Email:</b> MCNAIRNSGCTR@FTC-I.NET	NCF-0918 / 11/30/2009 Florence / Corporation PO BOX 1598 LAKE CITY, SC 29560-1598 HEALTHCARE PANASCOPE INC	88
<b>Licensed Beds</b> Nursing Home 88 <b>Institutional Nursing Home</b> 0		
<b>Certifications:</b> None		
<b>FAITH HEALTHCARE CENTER</b> 617 W MARION ST FLORENCE, SC 29501-2470 SWINTON-MICKENS, EVELYN PH#: 843-669-9958 <b>Fac. Cont. Email:</b> ADMIN.FA.SC@PALMETTOLTC.COM	NCF-0927 / 09/30/2009 Florence / Ltd. Liability 617 W MARION ST FLORENCE, SC 29501-2470 PALMETTO FAITH OPERATING LLC	104
<b>Licensed Beds</b> Nursing Home 104 <b>Institutional Nursing Home</b> 0		
<b>Certifications:</b> None		



## Division of Health Licensing

County: Florence

## Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
HERITAGE HOME OF FLORENCE INC 515 S WARLEY ST FLORENCE, SC 29501-5132 SKINNER SR, JEFFREY V PH#: 843-662-4573 Fac. Cont. Email:JEFFSKINNER@SC.RR.COM	NCF-0450 / 02/28/2010 Florence / Corporation 515 S WARLEY ST FLORENCE, SC 29501 HERITAGE HOME OF FLORENCE INC	132
Licensed Beds    Nursing Home    132    Institutional Nursing Home    0		
Certifications:Alzheimer Care		
HONORAGE NURSING CENTER 1207 N CASHUA RD FLORENCE, SC 29501-6969 CLARKE, HOWARD W PH#: 843-665-6172 Fac. Cont. Email:PTAYLOR1549@AOL.COM	NCF-0329 / 12/31/2009 Florence / Corporation 1207 N CASHUA RD FLORENCE, SC 29501 HONORAGE NURSING HOME OF FLORENCE SC INC	88
Licensed Beds    Nursing Home    88    Institutional Nursing Home    0		
Certifications:Alzheimer Care		
LAKE CITY - SCRANTON HEALTHCARE CENTER 1940 BOYD RD SCRANTON, SC 29591-5835 WAY, KAREN PH#: 843-389-9201 Fac. Cont. Email:ADMIN.LACI@PALMETTOLTC.COM	NCF-0928 / 09/30/2009 Florence / Ltd. Liability 1940 BOYD RD SCRANTON, SC 29591-5835 PALMETTO LAKE CITY OPERATING L L C	88
Licensed Beds    Nursing Home    88    Institutional Nursing Home    0		
Certifications:None		
METHODIST MANOR OF THE PEE DEE SKILLED NURSING INFIRMARY 2100 TWIN CHURCH RD FLORENCE, SC 29501 JACKSON, WILLIAM F PH#: 843-664-0700 Fac. Cont. Email:FJACKSON@METHODIST-MANOR.COM	NCF-0579 / 09/30/2009 Florence / Non-Profit Corporation 2100 TWIN CHURCH RD FLORENCE, SC 29501 WESLEYAN SUITES	32
Licensed Beds    Nursing Home    0    Institutional Nursing Home    32		
Certifications:Alzheimer Unit, Alzheimers Care		
PRESBYTERIAN HOME OF SOUTH CAROLINA - FLORENCE 2350 W LUCAS ST FLORENCE, SC 29501-1201 HICKMAN III, WALTER E PH#: 843-665-2222 Fac. Cont. Email:WHICKMAN@PRESHOMESC.ORG	NCF-0420 / 09/30/2009 Florence / Non-Profit Corporation 2350 W LUCAS ST FLORENCE, SC 29501 PRESBYTERIAN HOME OF SOUTH CAROLINA INC	44
Licensed Beds    Nursing Home    0    Institutional Nursing Home    44		
Certifications:Alzheimer Care		

County: Florence

Facility Type: Nursing Home

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Addres	
Administrator/Phone	Licensee	
SOUTHLAND HEALTH CARE CENTER	NCF-0599 / 12/31/2009	88
722 S DARGAN ST	Florence / Corporation	
FLORENCE, SC 29506-2562	722 S DARGAN ST	
COMMANDER, CHARLES S PH#: 843-669-4403	FLORENCE, SC 29506	
Fac. Cont. Email:CCOMMANDER@SC.RR.COM	COMMANDER HEALTH CARE FACILITIES INC	
Licensed Beds Nursing Home 88	Institutional Nursing Home 0	
Certifications:None		

## Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed:	11	Number Licensed Units	939
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County: Florence

Facility Type: PSAD Inpatient

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Addres	
Administrator/Phone	Licensee	
CHRYSLIS CENTER	ITP-0026 / 10/31/2009	16
1430 S CASHUA DR	Florence / County	
FLORENCE, SC 29505	PO BOX 6196	
ALEXANDER, THELMA W PH#: 843-673-0660	FLORENCE, SC 29502	
Fac. Cont. Email:TALEXANDER@CIRCLEPARK.COM	FLORENCE COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE	
Licensed Beds Medical Detox	0 Social Detox:	0 Res. Trestment Program 16

Totals For Facility/License Type PSAD Inpatient

Number of Activities/Facilities licensed: 1 Number Licensed Units 16

## County: Florence

## Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
ALSTON WILKES SOCIETY 441 W CHEVES ST FLORENCE, SC 29501 ANDREWS, HEATHER H PH#: 843-292-0388 Fac. Cont. Email:HANDREWS@ALSTONWILKESSOCIETY.ORG	OTP-0082 / 01/31/2010 Florence / Corporation 3519 MEDICAL DR COLUMBIA, SC 29203 ALSTON WILKES SOCIETY	1

## Certifications:None

CIRCLE PARK FAMILY COUNSELING & ADDICTION CENTER 601 GREGG AVE FLORENCE, SC 29501 JAMES, JENNIE PH#: 843-665-9349 Fac. Cont. Email:JJAMES@CIRCLEPARK.COM	OTP-0009 / 07/31/2009 Florence / County PO BOX 6196 FLORENCE, SC 29502 FLORENCE COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE	3
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## Certifications:None

STARTING POINT OF FLORENCE INC 797 N CASHUA DR FLORENCE, SC 29501-6983 QUENAULT, HEATHER PH#: 843-673-9320 Fac. Cont. Email:No Fac Cont. email on record	OTPN-0079 / 07/31/2009 Florence / Corporation 797 N CASHUA DR FLORENCE, SC 29501 STARTING POINT OF FLORENCE INC	1
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## Certifications:Narcotics Treatment Program, Methodone Treatment Program

## Totals For Facility/License Type PSAD Outpatient

Number of Activities/Facilities licensed:	3	Number Licensed Units	5
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County: Florence

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>CHURCH STREET DIALYSIS</b> 406 S CHURCH ST FLORENCE, SC 29506 PORTER RN, DEBRA E PH#: 000-000-0000 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	ERD-0178 / 12/31/2009 Florence / Corporation 406 S CHURCH ST FLORENCE, SC 29506 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	21
<b>Licensed Stations:</b>	<b>Hemodialysis:</b> 21 <b>Peritoneal:</b> 0	
<b>FLORENCE DIALYSIS CENTER</b> 435 N CASHUA DR FLORENCE, SC 29501-0000 PRESSLEY, GAIL S PH#: 843-669-0825 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	ERD-0141 / 07/31/2009 Florence / Corporation 435 N CASHUA DR FLORENCE, SC 29501 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	31
<b>Licensed Stations:</b>	<b>Hemodialysis:</b> 31 <b>Peritoneal:</b> 0	
<b>FMC - FREEDOM DIALYSIS</b> 1520 FREEDOM BLVD FLORENCE, SC 29505-6040 BRIGMAN, MONIKA MARIA PH#: <b>Fac. Cont. Email:</b> No Fac Cont. email on record	ERD-0142 / 07/31/2009 Florence / Corporation 1520 FREEDOM BLVD FLORENCE, SC 29505 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	28
<b>Licensed Stations:</b>	<b>Hemodialysis:</b> 26 <b>Peritoneal:</b> 0	
<b>FMC DIALYSIS SERVICES - PEE DEE DIALYSIS</b> 331 ELIZABETH ANNE CT LAKE CITY, SC 29560 PARKER, SANDRA L PH#: 843-394-3944 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	ERD-0103 / 05/31/2009 Florence / Corporation 331 ELIZABETH ANNE CT LAKE CITY, SC 29560 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	30
<b>Licensed Stations:</b>	<b>Hemodialysis:</b> 30 <b>Peritoneal:</b> 0	
<b>FMC JOHNSONVILLE DIALYSIS</b> 200 STUCKEY ST JOHNSONVILLE, SC 29555 WENGER, ASHLEY M PH#: 843-380-1581 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	ERD-0180 / 01/31/2010 Florence / Corporation 200 STUCKEY ST JOHNSONVILLE, SC 29555 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	11
<b>Licensed Stations:</b>	<b>Hemodialysis:</b> 11 <b>Peritoneal:</b> 0	

## Totals For Facility/License Type Renal Dialysis

Number of Activities/Facilities licensed:	5	Number Licensed Units	121
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County: Florence

## Facility Type: Residential Treatment for Children &amp; Adolescents

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Addres	
Administrator/Phone	Licensee	
PALMETTO PEE DEE RESIDENTIAL TREATMENT CENTER	RTF-0014 / 09/30/2009	59
601 B GREGG AVE	Florence / Ltd. Liability	
FLORENCE, SC 29501-4316	601 B GREGG AVE	
HAMILTON, PATRICIA PH#: 843-667-0644	FLORENCE, SC 29501-4316	
Fac. Cont. Email: DENISE.JOHNSON@PSYSOLUTIONS.COM	PALMETTO PEE DEE BEHAVIORAL HEALTH LLC	

## Totals For Facility/License Type Residential Treatment for Children &amp; Adolescents

Number of Activities/Facilities licensed: 1 Number Licensed Units 59

County: Florence

## Facility Type: Tattoo Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
FREEDOM TATTOO LLC 1356 JAMES JONES AVE FLORENCE, SC 29505 WHITE, RONALD P PH#: 843-661-5325 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	TF-0063 / 04/30/2009 Florence / Ltd. Liability 1356 JAMES JONES AVE FLORENCE, SC 29505 FREEDOM TATTOO LLC	4
IMPERIAL INK TATTOO LLC 2025 W EVANS ST FLORENCE, SC 29501 MITCHELL, LLOYD PH#: 843-676-0808 <b>Fac. Cont. Email:</b> LLOYD@HEATSTREET.COM	TF-0028 / 10/31/2009 Florence / Ltd. Liability 2025 W EVANS ST FLORENCE, SC 29501 IMPERIAL INK TATTOO LLC	3

## Totals For Facility/License Type Tattoo Facility

Number of Activities/Facilities licensed:	2	Number Licensed Units	7
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Number of Activities/Facilities licensed in county of	Florence	# Lics	82
	Number Licensed Units :	3,462	

## Report Total

Total Number of Activities/Facilities licensed	82	Total Number Licensed Units	3,462
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